

## **APPLICATION DATA SHEET**

### **APPLICATION INFORMATION**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: A Recursive Least Squares Approach to Calculate  
Motion Parameters for a Moving Camera  
Attorney Docket Number:: SPAZ 2 00004  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 8  
Small Entity:: Yes

### **APPLICANT INFORMATION**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Samuel  
Middle Name:: Henry  
Family Name:: Chang  
City of Residence:: Rockville  
State or Province of Residence:: Maryland  
Country of Residence:: US  
Street of mailing address:: 882 College Parkway, #201  
City of mailing address:: Rockville  
State or Province of mailing address:: Maryland  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20850

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: J.

Middle Name:: Joseph  
Family Name:: Fuller  
City of Residence:: South Charleston  
State or Province of Residence:: West Virginia  
Country of Residence:: US  
Street of mailing address:: 424 Forest Circle  
City of mailing address:: South Charleston  
State or Province of mailing address:: West Virginia  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 25303

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ali  
Middle Name::  
Family Name:: Farsaie  
City of Residence:: Rockville  
State or Province of Residence:: Maryland  
Country of Residence:: US  
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City of mailing address:: Rockville  
State or Province of mailing address:: Maryland  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20850

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Leslie  
Middle Name:: Ray  
Family Name:: Elkins  
City of Residence:: Derwood

State or Province of Residence:: Maryland  
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#### **REPRESENTATIVE INFORMATION**

Representative Designation::	Registration number::	Name::
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#### **ASSIGNEE INFORMATION**

Assignee Name:: Spatial Integrated Systems, Inc.  
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